

Form No. 10.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. HelenaInc. Town of orCity of or

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

63224

Registration District No. 604Registered No. 94

(For use of Local Registrar)

(2) Full Name of Child Sarah Blake

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 2

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH June 24

(Name of Month) (Day) 1911 (Year)

## FATHER.

(8) FULL NAME Harry Blake(9) PRESENT POSTOFFICE OF FATHER Mickus St(10) COLOR OR RACE Wm (11) AGE AT LAST BIRTHDAY 30(12) BIRTHPLACE Edisto Isl(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Blake(15) PRESENT POSTOFFICE OF MOTHER Mickus St(16) COLOR OR RACE Wm (17) AGE AT LAST BIRTHDAY 19(18) BIRTHPLACE St Helena Is(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 a on the date above stated. (From alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen M. Mitchell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mickus St

Given name added from a supplemental report

1911

Registrar

(26) Witness M. J. S. S. S.

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/10 1911 (28) G. H. Crocker

Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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